

# Interprofessional Education in Pre-registration Courses

A CAIPE Guide for Commissioners and Regulators of Education



# CAIPE

CENTRE FOR THE ADVANCEMENT OF INTERPROFESSIONAL EDUCATION

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**A CAIPE Guide for Commissioners and Regulators  
of Education**

**Prepared by Hugh Barr and Helena Low**

**January 2012**

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## Executive Summary

This guide is addressed to all those who are responsible in the United Kingdom (UK) for commissioning and regulating interprofessional education (IPE) within and between pre-registration professional courses for medicine, health, social care and related fields to promote collaborative practice, to improve services for individuals, families and communities:

- Government departments, funding councils, the NHS, local authorities, charitable foundations and others commissioning professional courses to ensure that interactive learning opportunities are included;
- Regulatory bodies to ensure that each course subject to approval, validation or review builds in tried and tested approaches to IPE.

The development of effective IPE during pre-registration education depends critically on consensus and concerted action between commissioners and regulators, grounded in a shared understanding.

We use the following definition of IPE throughout:

*“Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.” (CAIPE, 2002)*

The guide draws on the experience of CAIPE and its members and the national and international movement of which they are part, informed by the growing evidence base. It holds that well planned interactive learning promotes flexible, mutually supportive, patient centred and cost effective collaboration, not only in interprofessional teams, but also more widely within a policy-aware understanding of organisational relationships. It makes the case for outcome-led competency-based interprofessional curricula grounded in a coherent, theoretical rationale, while safeguarding the identity of each profession and respecting profession-specific requirements and benchmarking statements. It is rooted in the principles of IPE (appended) to be applied differentially in time and place, taking into account expectations, opportunities and constraints.

## List of Recommendations

CAIPE recommends that:

- 1. All pre-registration IPE proposals take collaborative practice as their starting point*
- 2. Interprofessional teamwork is central in students' learning*
- 3. All stakeholders are involved in the planning.*
- 4. Time and opportunity is provided during the planning process to address and resolve differences between the professional courses and between the teachers*
- 5. Each proposal is underpinned by a theoretical rationale*
- 6. Each proposal harmonises requirements and benchmarking statements for the professional courses in which it is implanted*
- 7. Outcomes from students' interprofessional learning are defined as competencies or capabilities and curricula planned accordingly*
- 8. The interprofessional learning is designed to encourage flexible working across organisational and professional boundaries*
- 9. The IPE is designed to generate commitment to work individually and collaboratively to improve care and services*
- 10. All teachers and practitioners involved in facilitating IPE receive orientation, preparation and ongoing support*
- 11. A repertoire of learning methods is included*
- 12. Teachers and practice supervisors optimise interactive opportunities for students to learn with, from and about each other's professions*
- 13. Every effort is made to include student groups for professions likely to work in the same settings in their subsequent careers*
- 14. Students are actively involved individually and collaboratively in steering their interprofessional learning*
- 15. Students' interprofessional learning includes a working knowledge of policies which may help or hinder teamwork and collaboration within and between health, social care and related organisations*
- 16. Service users and carers are involved in teaching and mentoring IPE after preparation and followed by ongoing support*
- 17. Students' achievement of outcomes from their interprofessional learning are subject to summative assessment*
- 18. Objectives, content and learning methods during pre-registration IPE are designed to lay the foundations for continuing interprofessional development*

## Preface

Explanations for growing interest in providing IPE during pre-registration courses include the need:

- To respond collaboratively to the complexity of problems presented by individuals, families and communities which outrun the capacity of any one profession, putting specialist care and treatment in a holistic context;
- To manage relationships between the growing number of professions and their specialties resulting from medical and technological advance;
- To improve patient safety by improving communication and collaboration between professions variously responsible for the same case;
- To match consumer and media pressure to improve care and services with finite resources in the face of escalating costs;
- To deploy human resources optimally.

A well planned pre-registration professional education proposal will identify how the IPE envisaged will engage with these or other challenges in its objectives, content and learning methods within a coherent rationale.

Further reading: Barr et al., (2005), chapter one.

**“As the range of knowledge and skills has expanded, so new professional groups have developed to meet the needs of individual patients. It becomes clear that no single professional group can cover all the ground and provide all that is required for each patient, hence the need to work in teams and to share experience and skills across the professions”.**

**Sir Kenneth Calman (Calman, K. 2005)**

By definition, IPE enables two or more professions to learn with, from and about each other to improve collaboration and the quality of care (CAIPE, 2002). It develops and reinforces collaborative competence, employing interactive learning methods to enhance mutual understanding of each other’s roles and responsibilities. Students explore ways in which their professions can work together to respond more fully, more effectively and more economically to the multiple and complex needs presented by individuals, families and communities in contemporary society.

Learning thus during pre-registration professional education, cultivates mutual awareness, trust and respect, countering ignorance and rivalry. It responds to the need for practising professionals to be ready for collaborative practice on first appointment and to function effectively as interprofessional team members. Such collaboration includes the individuals, families and communities as active participants in planning, providing and reviewing their care, along with informal, voluntary and paid carers. It prepares students to cope with the stress inherent in their future careers by spreading the load and engendering mutual support between professions, reducing the risk of defensive behaviour which can impede change and laying foundations for continuing interprofessional learning and development.

Effective IPE is developed in partnership between universities and a number of health and social care agencies. It may entail partnership between universities to assemble the optimum combination of student groups. Differing perceptions, policies and priorities have to be reconciled as the parties jointly plan, manage and review the interprofessional learning in its professional context.

This guide:

- Offers a working knowledge of IPE between pre-registration courses for medical, health, social care and related professions in the UK;
- Sharpens critical awareness of factors which ensure that such IPE is effective;
- Invites readers to review how their organisations commission and regulate it.

Pre-registration courses are at different stages in developing IPE. Some may still be at the 'add-on' stage, i.e. where the IPE is marginal. Most, however, have implanted IPE within and between pre-registration professional courses for a number of professions.

No two arrangements for including IPE are the same. Each responds to local needs within prevailing priorities, opportunities and constraints, taking into account changes in health and social care policy and practice. Their merits may be judged on the cogency of their interpretation and application of the principles of interprofessional education (IPE) (as appended) in time and place.

IPE during pre-registration professional education is required by:

**Government:**

“Modernising education, training and opportunities for learning are essential.....The Department has already funded joint programmes in common learning and inter-professional education between higher education and the NHS. These programmes will



achieve national coverage as we ensure that people learn together so they may better work together in the NHS.” (Department of Health, 2004, p.60)

### **The Quality Assurance Agency:**

The statement of common purpose for Subject Benchmarks for the Health and Social Care Professions “places the focus of students’ learning on meeting the needs of clients and patients within an environment that requires effective team, inter-professional and inter-agency working and communication, as well as expert care. It aims to encourage shared learning by students from a range of health and social care disciplines”, (QAA, 2006, p.2).

### **Regulatory Bodies:**

#### ***Medicine***

“Medical schools must ensure that students work with and learn from other health and social care professions and students.” (General Medical Council, 2009, p. 52)

#### ***Nursing and Midwifery***

Programmes must “ensure that students have opportunities to learn with, and from, other health and social care professions.” (Nursing & Midwifery Council, 2010, p. 75)

#### ***The Allied Health Professions***

“Successful interprofessional learning can develop students’ ability to communicate and work with other professionals, potentially improving the environment for service users and professionals.” (Health Professions Council, (2009, p. 40)

#### ***Social Work***

“Providers will have to demonstrate that all students undertake specific learning and assessment in .... partnership working and information sharing across professional disciplines and agencies.” (Department of Health, 2002, p.4)

Hugh Barr  
Helena Low  
January 2012

“There is now sufficient evidence to indicate that interprofessional education enables effective collaborative practice which in turn optimizes health services, strengthens health systems and improves health outcomes”

WHO (2010)

## 1. Cultivating collaboration

Collaboration for which IPE prepares is more than cooperation; it is planned, purposeful, concerted and sustained endeavour within a defined legal and policy context to ensure comprehensive provision of quality care which transcends demarcations between professions, between practice settings, and between organisations. It includes interprofessional teamwork, but also more diffuse, more ephemeral and less structured ways of working together.

Integrating services is not enough to ensure collaborative practice. Reorganisation alone cannot deliver better care unless and until the professions are actively, positively and collectively engaged, mediating the application of policies to practice, resolving points of tension as responsibilities are reassigned, countering unintended consequences, pulling together for the good of those whom together they serve. Collaborative practice grows out of collaborative learning between the professions, reinforcing the collaborative competencies required.

Teamwork is at the heart of interprofessional practice, but no panacea. Students may begin by comparing and contrasting their experiences in teams to which they belong, for example, in recreation or sport. Some may also have experiences to share of working in teams in past employment. Their interprofessional learning may well include team-based assignments with opportunities to reflect on their working relationships and performance. That learning may be complemented by observing and appraising teams at work during their placements. These are some of the ways in which students become critically aware of conditions favourable to effective teamwork and the relative merits of different approaches in different situations.

***CAIPE recommends that:***

***All pre-registration IPE proposals take collaborative practice as their starting point; Interprofessional teamwork is central in students' learning.***

Further reading: Meads & Ashcroft, (2005) chapter one.

## 2. Involving all the parties

IPE is best planned collaboratively between the participant professions and other stakeholders including universities, service agencies, students and service users, acknowledging and resolving differences to ensure that proposals are internally consistent and externally credible.

***CAIPE recommends that all the stakeholders are involved in the planning.***

Further reading: Barrett et al., (2003)

### **3. Dealing with difference**

Agreeing when, where and how to introduce IPE between two or more professional courses is a complex process. Courses differ in rationale, length and structure including patterns and timing of practice placements. Teachers differ in their practice backgrounds, their theoretical orientation and their preferred learning methods. Reconciliation cannot be rushed.

***CAIPE recommends that time and opportunity is provided during the planning process to address and resolve differences between the professional courses and between the teachers.***

Further reading: Freeth et al., (2005)

### **4. Underpinning with theory**

IPE built on a theoretical foundation is more coherently planned, consistently delivered, rigorously evaluated and effectively reported. There is, however, no single, generally accepted rationale; the onus rests on the proposers to construct their own, taking into account theoretical perspectives from their respective academic disciplines and fields of education and practice, relating means and ends (Barr et al., 2005; Colyer et al., 2005; Hean et al., 2009).

***CAIPE recommends that each proposal is underpinned by a theoretical rationale.***

Further reading: Colyer et al., (2005)

### **5. Observing requirements**

Pre-registration IPE is planned within the context of requirements for the validation of the professional courses in which it is implanted, internally by universities and externally by regulatory bodies. Progress has been made (as cited above) towards harmonising regulations regarding IPE and collaborative practice for allied health, medical, nursing and midwifery and social work courses (Health Professions Council, 2009; General Medical Council, 2009; Nursing & Midwifery Council, 2010; Department of Health, 2002 respectively), complemented by broad-based benchmarking statements from the Quality Assurance Agency (QAA, 2006) and summarised for CAIPE by Barr and Norrie (2010).

***CAIPE recommends that each proposal harmonises requirements and benchmarking statements for the professional courses in which it is implanted.***

Further reading: Barr & Norrie, (2010)

## 6. Building collaborative competence

Regulatory bodies promote outcomes which inform collaborative practice:

- Tomorrow's doctor will "understand the contribution that effective interdisciplinary team working makes to the delivery of safe and high-quality care." (General Medical Council, 2009 p. 27)
- Competent nurses must "understand the roles and responsibilities of other health and social care professions and seek to work with them collaboratively." (Nursing and Midwifery Council, 2010 p. 14)
- "Successful interprofessional learning can develop students' ability to communicate and work with other professionals." (Health Professions Council, 2009 p.40)
- "The new award will require social workers to demonstrate their ability to work confidently and effectively with other professionals" (Department of Health, 2002 p.1)

Numerous formulations of interprofessional collaborative competencies have been published. Two of the most authoritative come from Canada (Canadian Interprofessional Health Collaborative, 2010) and the United States (Interprofessional Education Collaborative Expert Panel, 2011), covering the knowledge, skills, attitudes and values that shape the judgement essential for interprofessional collaborative practice.

Others prefer capabilities rather than competencies to convey an ongoing learning process, rather than arrival at an end point. The Sheffield Capability Framework (CUILU, 2006), which has been widely adopted for pre-registration IPE in the UK, asserts that the practising professional should be able to:

- lead and participate in the interprofessional team and wider inter-agency work, to ensure a responsive and integrated approach to care/service management that is focused on the needs of the patient/client;
- implement an integrated assessment and plan of care/service in partnership with the patient/client, remaining responsive to the dynamics of care/service requirements;
- consistently communicate sensitively in a responsive and responsible manner, demonstrating effective interpersonal skills in the context of patient/client focused care;
- share uniprofessional knowledge with the team in ways that contribute to and enhance service provision;
- provide a co-mentoring role to peers of own and other professions, in order to enhance service provision and personal and professional development.

***CAIPE recommends that outcomes from students' interprofessional learning are defined as competencies or capabilities and curricula planned accordingly.***

Further reading: Gordon (2010)

**“Attainment of specific competencies -- must be the defining features of the education and evaluation of future health professionals. Once educators focus on professional competencies, new opportunities emerge for a more imaginative design of health systems. Roles and compensation can be better aligned. Traditional boundaries between professions can be reduced.”**

**(Frenk et al., 2010)**

## **7. Encouraging flexible working across professional boundaries**

Effective interprofessional teamwork facilitates flexible working grounded in mutual understanding, respect and trust between members. Members empower each other in a nurturing and mutually supportive environment within the constraints of law, policy and patient safety to respond expeditiously, economically and effectively to needs beyond predetermined professional demarcations. Duplication is reduced and resources conserved.

***CAIPE recommends that interprofessional learning is designed to encourage flexible working across organisational and professional boundaries.***

Further reading: Reeves et al., (2011)

**“We need to train people to do the tasks that need doing – not just meet the needs of the professions. – This redesign brings profound changes for the professions and for their education and training.”**

**Nigel Crisp (Crisp, N. 2010)**

## **8. Improving care and services**

Critical appraisal of policy and practice from interprofessional perspectives heightens students' awareness of the need for collaborative practice to improve care and services as each professional group extends its competence to complement those of the others. Projects and assignments involve students in collaborative planning, taking into account implications for the roles and responsibilities of their respective professions, working

relationships and resolution of rivalry and conflict where boundaries are redrawn and power redistributed.

***CAIPE recommends that the interprofessional learning be designed to generate commitment to work individually and collaboratively to improve care and services.***

Further reading: WHO (2010)

## **9. Preparing the teachers**

Many teachers and practice supervisors are underprepared and feel undervalued in their interprofessional teaching role. Even the most experienced can find it daunting to be confronted by students from diverse backgrounds with different perspectives, expectations, assumptions and styles of learning. Preparation may differ, depending on the interprofessional roles to which the teacher or practice supervisor is being assigned, but all need orientation to interprofessional learning approaches, methods and facilitating.

Facilitating interprofessional learning builds on, but extends beyond, the range of knowledge, skills and attitudes required for uniprofessional teaching. Facilitators enable students from different professions to enrich and enhance each other's learning in a supportive small group setting; sensitive to the perspectives, perceptions and particular needs of each individual and profession; able to turn conflict into constructive learning; and aware of ways in which their own attitudes and behaviour can impact positively or negatively on students' experience (Anderson et al., 2009 & 2011; Freeman et al., 2010; Howkins & Bray, 2008).

***CAIPE recommends that all teachers and practitioners involved in facilitating IPE receive orientation, preparation and ongoing support.***

Further reading: Howkins & Bray, (2008)

## **10. Mixing and matching the learning methods**

IPE is interactive, calling on a repertoire of methods (Freeth et al., 2005). Appreciative enquiry, case-based learning, experiential group learning, problem-based learning and simulated learning are some of the many methods mixed and matched in the classroom and on placement (Barr, 2002). Experienced teachers ring the changes.

E-learning is widely introduced as IPE for self-directed and group-led learning, blended with face-to-face learning (Bromage et al., 2010). 'Reusable learning objects' are readily accessible and freely exchanged between teachers and their universities, augmented by home-spun materials manufactured by students and teachers.

Interprofessional practice learning is essential and not only on placements. Well planned, it permeates professional learning in the classroom and the workplace where students encounter other professions, agencies and, when co-located, students from other professions with whom they can compare perspectives and experiences. There is a compelling case for every student to have at least one interprofessional group placement during their course, for example, on an interprofessional training ward (Jakobsen et al., 2009) or in an interprofessional community setting (Lennox & Anderson, 2007).

***CAIPE recommends the inclusion of a repertoire of learning methods.***

Further reading: Barr et al., (2011) Chapter Four

## **11. Cultivating mutual understanding**

Students create their own opportunities to learn with, from and about each other as barriers come down and mutual trust and respect develop. Teachers and practice supervisors provide more structured opportunities in the classroom and on placement where students compare and contrast their professions' roles and responsibilities.

Teachers may approach such learning from social psychological, psycho-dynamic or sociological perspectives as they help their students to explore relationships within and between groups, building on positive examples, but also taking into account ways in which allegiance to one group can be at the price of invidious, prejudiced or stereotypical perceptions of others. They enable their students to relinquish negative stereotypes as they compare reciprocal perceptions in a positive and supportive climate. Practice supervisors enable students on placement to test such learning during placements as they observe and evaluate good and not so good relationships between professions on the job, illuminated by the theoretical perspectives to which they have been introduced by their teachers.

***CAIPE recommends that teachers and practice supervisors optimise interactive opportunities for students' to learn from and about each other's professions.***

Further reading: Dickinson & Carpenter, (2005)

**“One of the most effective ways to foster an understanding about and respect for various professional roles and the value of multi-professional teams is to expose medical and nursing students, other healthcare professionals and managers to shared education and training.”**

**Sir Ian Kennedy (Kennedy, I., 2001)**

## 12. Involving the students

IPE is most cogent when it brings together student groups from professions which work together in practice. That can be hard to arrange at the pre-registration stage. The preferred mix may be constrained by the range of professional courses in the university, unless and until a partnership is established with another university able to contribute the missing student groups.

Where such a partnership is impracticable, teachers need to find alternative ways to introduce the absent professions, e.g. by making reference to them in case studies, by including representatives as guest speakers and by requesting particular learning opportunities during placements. They may also help students to extrapolate learning based on encounters with some professions to working with others.

Students differ in their approaches to learning, including interprofessional learning, depending on their prior experience of teaching from schooldays through to their professional education. Some engage more easily with interprofessional learning than do others. All need orienting to its purpose and process to be not only responsible for their own learning but also their obligations to each other as part of the student group. They may also join in student-led extra-curricula activities in and beyond the university, including the CAIPE student network and national and international conferences. Some may be invited to be the student representative on planning, steering and review groups.

***CAIPE recommends that:***

***Every effort is made to include student groups for professions likely to work in the same settings in their subsequent careers;***

***Students are actively involved individually and collaboratively in steering their interprofessional learning.***

Further reading: Freeth et al., (2005)

## 13. Putting Collaborative practice in context

Teams are neither islands nor oases; they operate within and sometimes across organisations in which the teamwork ethos may sit more or less comfortably. Students need therefore to learn about organisations in which teams are embedded - their cultures, structures, policies and priorities - and the similarities and differences which impact on inter and intra-organisational relationships.



They need help in setting that learning within a working knowledge of relevant health and social care policies as they probe implications for practice within and between both agencies and professions, taking into account changes which may redraw boundaries, reassign responsibilities or redistribute power. They may become critically aware of policies which facilitate or frustrate collaboration as they learn to hold the tension between competition and collaboration which co-exist uneasily in the policies of successive governments. Placements provide opportunities to relate learning about policies in the classroom to practice on the ground.

***CAIPE recommends that students' interprofessional learning includes a working knowledge of policies which may help or hinder collaboration within and between health, social care and related organisations.***

Further reading: Glasby & Dickinson, (2010) chapter one.

**“An understanding of the values and principles on which the NHS operates has a profound bearing on such intangible but crucial factors as the future professionals’ sense of belonging and identity ..... By learning about the NHS, future healthcare professionals become aware from the outset that the NHS is a service both for the particular patient currently needing care and for the generality of patients. This opens the way to an understanding of the challenges and dilemmas faced by those who are responsible for running and managing the service for the benefit of all and who therefore, must serve both patient and patients.”**

**Sir Ian Kennedy (Kennedy, I. 2001)**

## **14. Involving service users and carers**

Contributions from service users and carers are widely valued in professional and interprofessional education for their unique and first hand experience which complements perspectives introduced by the teachers and practice supervisors. They can contribute to IPE in many ways including curriculum planning and review, teaching, mentoring and assessment, as students become intimately aware of their life experiences and their encounters with the care professions and services. Their involvement is a tangible expression of their empowerment.

Service users and carers involved in teaching, facilitating and mentoring roles need induction, preparation and support, taking care not to compromise their integrity and spontaneity. Some have high dependency needs calling for additional support and sensitivity from students, teachers and each other as part of the mutual learning. Universities carry an obligation as good employers to support and sustain the service users and carers whom they engage; an obligation which teachers recognise.

***CAIPE recommends that service users and carers are involved as teachers and mentors in IPE after preparation and followed by ongoing support.***

Further reading: McKeown et al., (2010)

## **15. Assessing the learning**

Assessment should be based on demonstrated competence for collaborative practice. It may be formative, but students and teachers are more likely to value summative assessment, counting towards professional qualifications. Some students may be required to demonstrate interprofessional outcomes when completing profession-specific assessments. The assessment of group assignments may be formative, although the assessment of individual contributions within them may be summative.

***CAIPE recommends that students' achievement of outcomes from their interprofessional learning are subject to summative assessment.***

Further reading: Freeth et al., (2005)

## **16. Laying foundations for continuing interprofessional development**

Realistically, pre-registration IPE is the first step in a career-long continuum of interprofessional development as students savour the taste and develop the habit for sustained, systematic and reflective learning during and following their professional courses.

Continuing interprofessional development complements continuing professional development education in which it is often embedded. It enables practitioners to respond effectively to changing roles and responsibility, and to contribute as teachers and practice supervisors to education and training for succeeding generations. It takes advantage of open and distance learning opportunities, conferences, courses, seminars and workshops but, above all, opportunities to learn with others from everyday experience. It holds in check runaway expectations of outcomes from pre-registration IPE, acknowledging constraints of time in crowded professional curricula and students' capacity at the outset of their professional journeys.

***CAIPE recommends that objectives, content and learning methods during pre-registration IPE are designed to lay the foundations for continuing interprofessional development.***

Further reading: Barr (2009)

## **17. Evaluating the investment**

This guide and the appended statement of principles will help when you are formulating criteria with which to evaluate pre-registration proposals which include IPE. The same proposals may also be subject to evaluation as part of internal and external reviews for the professional courses in which it is implanted. Proposals which break new ground, for example, in the problems addressed or the methods employed, may merit systematic and independent research to contribute to the growing evidence base. The same pre-registration IPE proposal can crop up in funding applications for several professional courses.

Joint planning is labour intensive, offset where cost effective mechanisms are devised for ongoing collaboration. Planners need not reinvent the wheel. There is a wealth of accumulated experience on which they can call. They should check examples of pre-registration IPE within reach before planning another from scratch. Provision may have been made already for some or all of the learning needs or the student groups, or may be built in economically and expeditiously.

Costs rise where the preferred mix of pre-registration courses is spread across faculties, campuses and indeed universities. Planning groups encounter problems which reinforce the case for rationalising the distribution of professional education within and between universities.

Learning in small groups requires generous staff/student ratios and suitable accommodation, especially in the early stage of courses. This investment is offset when, later in their courses, students facilitate their own learning groups, or when final year students, prepared and supported by their teachers, facilitate groups of students who are at an earlier stage in their course.

The cost of learning in small groups is further offset where agreement is reached, logistics resolved and suitable accommodation found, to combine lectures for core subjects across professional courses. Larger classes deliver economies of scale and optimise the use of specialist teaching expertise. Care must, however, be taken to ensure that teaching is pitched at the appropriate level for all the student groups and applied differentially in their respective fields of practice. Small groups remain essential for interactive exchange-based learning.

Dissemination and exchange of e-enhanced 'learning objects' results in significant savings.

Investment in pre-registration IPE is returned with interest when the interprofessional working which it drives, results not only in more effective care, but also more efficient use of professional expertise.

## **18. Concluding observations**

We shall value suggestions regarding ways in which commissioners and regulators would find future editions of this guide informative and user friendly and in which CAIPE can be of additional help.

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**“Unequivocally, we must change the way we train professionals for health services and we must change the milieu in which they work. Training for health care professionals is designed and delivered within silos. The services we provide are also largely delivered through siloed centres and hospitals. While we must train, sustain and retain, we must also examine how we train. The development of an interdisciplinary, multidisciplinary and multidimensional workforce is critical.”**

**Lesley Ramswammy**

**Past President of the World Health Association, Minister of Health Guyana  
(Ramswammy,L. 2010)**

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*"Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care"* (CAIPE 2002)

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## Statement of Principles of Interprofessional Education

CAIPE commends the following principles, drawn from the experience of its members and the interprofessional literature, for the consideration of all who are engaged in commissioning, designing, delivering and evaluating interprofessional education.

### Values

Interprofessional education:

- Focuses on the needs of individuals, families and communities to improve their quality of care, health outcomes and wellbeing;  
*Keeping best practice central throughout all teaching and learning*
- Applies equal opportunities within and between the professions and all with whom they learn and work;  
*Acknowledging but setting aside differences in power and status between professions*
- Respects individuality, difference and diversity within and between the professions and all with whom they learn and work;  
*Utilising distinctive contributions to learning and practice*
- Sustains the identity and expertise of each profession;  
*Presenting each profession positively and distinctively*
- Promotes parity between professions in the learning environment;  
*Agreeing 'ground rules'*
- Instils interprofessional values and perspectives throughout uniprofessional and multiprofessional learning.  
*Permeating means and ends for the professional learning in which it is embedded*



## Process

Interprofessional education:

- Comprises a continuum of learning for education, health, managerial, medical, social care and other professions;  
*Sequencing interprofessional learning progressively throughout pre-registration and post-experience studies*
- Encourages student participation in planning, progressing and evaluating their learning;  
*Including them with teachers and others in working groups*
- Reviewing policy and practice critically from different perspectives;  
*Subjecting policy and practice to critical analysis against experience and evidence*
- Enables the professions to learn with, from and about each other to optimise exchange of experience and expertise;;  
*Facilitating interaction, exchange and co-reflection as they compare perceptions, values, roles, responsibilities, expertise and experience*
- Deals in difference as it searches for common ground;  
*Showcasing different yet mutually reinforcing roles and expertise in collaborative practice grounded in mutual understanding working towards shared objectives*
- Integrates learning in college and the work place;  
*Teachers and practice supervisors planning, delivering, assessing and evaluating classroom and practice-based learning together*
- Synthesises theory and practice;  
*Deriving theory from and applying it to practice*
- Grounds teaching and learning in evidence;  
*Citing findings from research including those in systematic reviews of process and outcomes from interprofessional learning*
- Includes discrete and dedicated interprofessional sequences and placements;  
*Building in dedicated interprofessional learning based on these principles*
- Applies consistent assessment criteria and processes for all the participant professions;  
*Including summative assessment by the same means to the same standards*

- Carries credit towards professional qualifications;  
*Negotiating ways in which satisfactory fulfilment of interprofessional assignments meets requirements for professional awards*
- Involves service users and carers in teaching and learning;  
*Including them in planning, delivery, assessing and evaluating teaching*

## **Outcomes**

Interprofessional education:

- Engenders interprofessional capability;  
*Devising outcome-led learning delivering collaborative capabilities*
- Enhances practice within each profession;  
*Enabling each profession to improve its practice to complement that of others*
- Informs joint action to improve services and instigate change;  
*Applying critical analysis to collaborative practice*
- Improves outcomes for individuals, families and communities;  
*Responding more fully to their needs*
- Disseminates its experience;  
*Contributing to the advancement and mutual understanding in interprofessional learning in response to enquiries, at conferences and via the professional and interprofessional literature*
- Subjects developments to systematic evaluation and research.  
*Collecting data systematically to test against the requirements and expectations of stakeholders, funding, validating and regulatory bodies and to contribute to the evidence base*

Hugh Barr

Helena Low

January 2011

# CAIPE

Founded in 1987, CAIPE is a charity and company limited by guarantee which promotes and develops interprofessional education with and through its individual, corporate and student members. It works with like minded organisations in the UK and overseas, to promote the health and wellbeing of individuals, families and communities

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